PTO/SB/05 (08-08)
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## UTILITY PATENT APPLICATION TRANSMITTAL

(ONLY FOR NEW NONPROVISIONAL APPLICATIONS UNDER 37 CFR 1.53(B))

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	Attorn	ey Docket No.	NV2-040USCN		
	First Ir	nventor	Joel SLADE		
	Title	PROCESS FOR PREPARING INTERMEDIATES			
		USEFUL TO PREPARE CERTAIN ANTIBACTERIAL N-FORMYL HYDROXYLAMINES			
	Expres	ss Mail Label No.			

APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents.				ADD	Commissioner for Patents  ADDRESS TO: P.O. Box 1450  Alexandria, VA 22313-1450						
1. Fee Transmittal Form (e.g., PTO/SB/17)				ACCOMPANYING APPLICATION PARTS							
	pplicant clain ee 37 CFR 1.2	ms small entity : 27.	status.		9.	Assignment Papers (cover sheet & document(s))					
	pecification		[Total Pages	31 <sub>]</sub>		Name of Assignee					
Bo (F	loth the claims ar For information on	nd abstract must sta the preferred arrange	art on a new page ement, see MPEP 6	08.01(a))							
4. Di	rawing(s) (35	5 U.S.C. 113)	[Total Sheets	; ]							
5. Oath o	Oath or Declaration [Total Sheets 4 ]			10.	10. 37 CFR 3.73(b) Statement (when there is an assignee) Power of Attorney						
a.	Newly exe	cuted (original or	copy)		11.	11. English Translation Document (if applicable)					
b. x	i DELETION OF INVENTOR(S)			12.	12. Information Disclosure Statement (PTO/SB/08 or PTO-1449)						
					Copies of citations attached						
Signed statement attached deleting inventor(s) name in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).			13. X	13. X Preliminary Amendment							
6. X A	pplication Da	ita Sheet. See 3	7 CFR 1.76		-	_					
7. CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)				14.	14. Return Receipt Postcard (MPEP 503) (Should be specifically itemized)						
	Landscape	Table on CD			<u> </u>						
		Amino Acid Sec a. – c. are requir		sion	15.	15. Certified Copy of Priority Document(s) (if foreign priority is claimed)  Nonpublication Request under 35 U.S.C.122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or equivalent.					
( =	,		,		16.						
a	Computer F	Readable Form (	CRF)								
b.	<u> </u>	on Sequence List	Ü		17.	Other:					
	i. CD-F	ROM or CD-R (2	copies); or i	i. Paper							
c.	Statements	s verifying identity	of above copie	s							
18. If a CONTINUING APPLICATION, check appropriate box, and suppl specification following the title, or in an Application Data Sheet under						mation belov	w and in t	he first sente	nce of the		
	Continuation	Divisional	<u> </u>	uation-in-part							
Prior ap	oplication infor	mation: Examin	er	R. H. H	avlin		_ Ai	rt Unit:	1	626	
			19.	CORRESPO	ONDENC	E ADDRI	ESS				
X The a	address assoc	ciated with Custo	mer Number:	(	00959		OR [	Corr	respondence	address below	
Name		n A. Hanley, & COCKFIE									
Address	One Pos	t Office Squ	are	<u> </u>			<u> </u>				
City Boston State				MA Zip Code 02109-212			02109-2127				
Country		US		Telephone	(617) 22	27-7400	) Email		lc@la	hive.com	
Signature /Brian C. Trinque, Ph.D./			•		Date	Date November 3, 2008		er 3, 2008			
Name (Print/Type) Brian C. Trinque, Ph.D.						Registration No. Attorney/Agent) 56,593					

I hereby certify that this paper (along with any paper referred to as system in accordance with § 1.6(a)(4).	being attached	or enclosed) is being transmit	ted via the Office electronic filing
Dated: November 3, 2008	Signature: _	/Brian C. Trinque, Ph.D./	_ (Brian C. Trinque, Ph.D.)